

INDIANA COUNCIL ON INDEPENDENT LIVING

Independent Living Philosophy

The Independent Living (IL) philosophy states that people with disabilities should have the same civil rights, options, and control over choices in their own lives as do people without disabilities.

Mission

The mission of the Indiana Council on Independent Living (ICOIL) is to be a leader and authentic voice for the Independent Living movement in Indiana. Working jointly with the Division of Disability, Aging and Rehabilitative Services (DDARS) and others, ICOIL will provide leadership in the creation of a statewide Center on Independent Living (CIL) network in Indiana, which promotes the independent living (IL) philosophy and impacts on systems change for persons with significant disabilities.

Responsibilities

The mission of ICOIL is operationalized through the work and actions of its members. The Council and DDARS jointly develop and submit the State Independent Living Plan. ICOIL is responsible for monitoring, reviewing and evaluating the implementation of the State Plan and submitting reports to the Commissioner of the Rehabilitation Services Administration in accordance with Title VII of the Rehabilitation Act, as amended. Council members travel to Indianapolis to attend and participate in Council meetings and committee meetings. All members attend a minimum of one meeting per month and spend additional time in reviewing meeting materials and carrying out committee activities. (See By-Laws for more specific information.)

Membership

ICOIL encourages diversity in its membership and will not discriminate among candidates on the basis of race, sex, ethnicity, age, religion or disability type. There is no upper limit on the total number of ICOIL members with a minimum of eleven (11) members. Of the members, at least fifty-one percent are individuals with disabilities who are not employed by any State Agency or Center for Independent Living. Other members may include parents and guardians of individuals with disabilities; advocates; people representing providers of services including CILs; representatives from private businesses and community organizations; and representatives from state agencies.

INDIANA COUNCIL ON INDEPENDENT LIVING

Membership Application

Name: _____ County _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Position Held: _____

Work Phone: _____ E-Mail: _____ Fax: _____

Home phone: _____ E-Mail: _____ Fax: _____

DEMOGRAPHIC INFORMATION

Race or National Origin: Asian African-American Caucasian
 Hispanic/Latino Other: _____

Date of Birth: _____

IF RESPONSE SPACE IS INADEQUATE, PLEASE USE ADDITIONAL SHEETS

1. Are you a person with a disability? Yes No

2. Are you a parent or sibling of a person with a disability?

Yes No

*** If you answered "No" to 1 and 2, please skip to question 4.**

3. Please describe your disability (or you family member's)

4. Please tell us how you learned about ICOIL and if you have had involvement with ICOIL in the past.

ICOIL Membership Application (continued)

5. Are you able to perform the duties of a member and make a commitment to attend a Minimum of one regularly scheduled two hour council meeting and a two hour committee meeting per month (normally scheduled on the same day)? See member description.

Yes

No

6. What committee(s) would you be interested in? See enclosed description.

Planning/Training

Marketing/Outreach

Public Policy

Nominating/Membership

7. What do you believe are the most important issues facing people with disabilities Today? _____

8. Please tell us a little about yourself and why you would like to be appointed to ICOIL? _____

Upon request ICOIL can provide accommodations that are necessary for you to participate in or attend meetings including: wheelchair access, ASL interpreters, attendant care, braille, large print, cassette tape, etc.

If you have any questions about this application or ICOIL, please contact either: Nancy Young, DDARS Staff support, 800-545-7763, Ext. 1401, voice or Relay Indiana; e-mail: nyoung@fssa.state.in.us or Kathy Lyons at the League for the Blind and Disabled, 219-441-0551 Ext. 104 v/tty.

NOTE: Application available in alternative formats upon request. Or see: www.state.in.us/fssa/html/programs/2b.html.

Please attach your resume and/or any other pertinent information. Include the following on your resume:

1. Educational history, Include name and city of educational institution; dates attended; area of study; degree obtained (if any).
2. Employment history, Include name, mailing address, job title, duties performed; dates of employment; contact name (e.g., immediate supervisor), and phone number with area code.
3. Volunteer/non-paid employment history, Include name mailing address, volunteer title, duties performed; dates of volunteering; contact name (e.g., immediate supervisor), and phone number with area code.

ICOIL Membership application (continued)

4. Disability/advocacy-related training, Include name, mailing address and phone
Number of organization sponsoring training, name of training, and dates of training.
5. Membership in disability/advocacy-related organizations. Offices held, committee
assignments, description of activities performed, dates for each.
6. Three (3) references (other than contact names provided above). Name, mailing address,
contact phone number and how you know them.

Mail your completed application, resume and any attachments to:

ICOIL c/o FSSA/DDARS
Attention: Nancy Young, MS-20
P.O. Box 7083
Indianapolis, IN 46207-7083

I hereby give permission for ICOIL to contact any employers, volunteer or advocacy
organizations, and references.

Signature_____ Date of Submission_____

09/18/01

